## BEST AVAILABLE COPY

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10700027

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE OR			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			100.0		(Column 2)			RATE FEE		]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE		1	BASIC FEE	770.00
-	TAL CHARGE	ADIE CLAIMS	00		* 67				1	IOH		770.00
╟╌			Aninus 20=					X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS minus					Ć	1		X43=		OR	X86=	
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		ОЯ	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2						•	TOTAL	385	OR	TOTAL		
CLAIMS AS AMENDED - PART II											OTHER	
		(Column 1)		(Colun		(Column 3)		SMALL		OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18≃	
	Independent	*	Minus	***		=	]	X43=	-	OR	X86=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						]	1.15			.000	
								+145=		OR	+290=	
								ADDIT. FEE		OR	ADDIT. FEE	
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST												
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	]	X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									UH		
							_1	+145=		OR	+290 <del>=</del>	
,								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C	`	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .	lſ	X\$ 9=		OR	X\$18=	
	Independ nt	•	Minus	***		2	<b> </b>	X43=			X86=	
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							740=		OR	700-	
٠.	taba aan sa sa sa		+145=		OR	+290=						
**	f the "Highest Nur	nn 1 is less than the ober Previously Pa	id For IN THIS	S SPACE is	less than	20, enter *20.*		TOTAL DDIT. FEE		OR ,	TOTAL ODIT. FEE	
		mber Previously Pa ber Previously Paid							opriate box			